ROYAL NEW JUNDLAND REGT.

Deceased 19-10-53.

1914-1918



FIRST NEWFOUNDLAND REGIMENT

| No. 3/3/ Name Hazel Forvior Corps / of 6. |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Questions to be put to the Recruit before Enlistment. |
| I. What is your name? |
| 2. What is your full Address? |
| 3. Are you a British Subject? 3. |
| 4. What is your age? |
| 5. What is your Trade or Calling? 5. |
| 6. Are you Married? 6 |
| 7. Have you ever served in any Branch of His Ma jesty's Forces, naval or military, if so,* which? \ 7. |
| 8. Are you willing to be vaccinated or re-vac- |
| 9. Are you willing to be enlisted for General Ser- |
| 10. Did you receive a Notice, and do you under- stand its meaning, and who gave it to you?} 10. |
| 11. Are you willing to serve upon the conditions as embodied in the roll of service to be signed by you if you are a cepted? |
| 14-57 Reference Signature of RECRUIT. |
| DATH TO BE TAKEN BY RECRUIT ON ATTESTATION. do make oath, that I will be faithful and bear true allegioned to His Majesty King George the Fifth, His Heirs and Successors, and that I will, as in duty bound, honestly and faithfully defend His Majesty, His Heirs and Successors, in Person, Crown and Dignity against all enemies, according to the conditions of my service. |
| CERTIFICATE OF MAGISTRATE OR ATTESTING OFFICER. |
| The Recruit above named was cautioned by me that if he made any false answer to any of the above questions he would be liable to be punished as provided in the Army Act. |
| The above questions were then read to the Recruit in my presence. |
| I have taken care that he understands each question, and that his answer to an question has been only entered |
| as replied to and the said recruit his made and signed the decaration and lakehithe oath before me in |
| Signature of Attesting Officer |
| |
| †CERTIFICATE OF APPROVING OFFICER. |
| I certify that this Attestation of the above-named Recruit is correct, and properly filled up, and that the re- |
| quired forms appear to have been complied with. I accordingly approve, and appoint him to the: If enlisted by special authority, such will be attached to the original attestation. |
| [사람] 이 사람들은 그는 이 그는 이 등 이 사람들은 살이 되었다. 아무지를 맞아 아무지를 하는 것을 하는 사람들이 되는 것이 되었다. 그 사람들이 되는 것이 되었다. |
| Date |
| |
| † The signature of the Approving Officer is to be affixed in the presence of the Recruit. ‡ Here insert the "Corps" for which the Recruit has been enlisted. |

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| (a) | an and Surname of Woman (c) Pres | ent address. (b) | n Initials of O | f spinster or w Officer verifyin (c) | g ent | . (6) I | lace and | d date of marriage. |
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| | | Particula | ars as to C | hildren | | | | |
| Chri | stian Names | | | | - | Date | and Pla | ace of Birth |
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| Corps in Rgt. or | Promotion, Reductions, | EMENT | 3 1 5 3 | Service not lowed to rec | al- kon | Service | in Re- | Signature of Officers ce |
| Corps in Rgt. or | | EMENT Army Rank | OF THE | Service not lowed to red for fixing rate of pen | al- ekon the sion | Service serve no ed to rec wards G | kon to- C. Pay | Signature of Officers cer fying correctness of entries |
| rhich served Depot | Promotion, Reductions, | Army Rank | 3 1 5 3 | Service not lowed to red for fixing rate of pen | al- kon | Service serve no ed to rec | kon to- | fying correctness of |
| rvice towards limite | Promotion, Reductions, Casualties, &c. | Army Rank | 3 1 5 3 | Service not lowed to red for fixing rate of pen | al- ekon the sion | Service serve no ed to rec wards G | kon to- C. Pay | fying correctness of |
| rhich served Depot | Promotion, Reductions, Casualties, &c. | Army Rank | 3 1 5 3 | Service not lowed to red for fixing rate of pen | al- ekon the sion | Service serve no ed to rec wards G | kon to- C. Pay | fying correctness of |
| rvice towards limite | Promotion, Reductions, Casualties, &c. | Army Rank | 3 1 5 3 | Service not lowed to red for fixing rate of pen | al- ekon the sion | Service serve no ed to rec wards G | kon to- C. Pay | fying correctness of |
| rvice towards limite | Promotion, Reductions, Casualties, &c. d engagement reckons from | Army Rank | 3 1 5 3 | Service not lowed to red for fixing rate of pen | al- ekon the sion | Service serve no ed to rec wards G | kon to- C. Pay | fying correctness of |
| rvice towards limite | Promotion, Reductions, Casualties, &c. | Army Rank | Dates | Service not lowed to red for fixing rate of pen | al- ekon the sion | Service serve no ed to rec wards G | kon to- C. Pay | fying correctness of |
| rvice towards limite | Promotion, Reductions, Casualties, &c. d engagement reckons from | Army Rank | Dates | Service not lowed to red for fixing rate of pen | al- ekon the sion | Service serve no ed to rec wards G | kon to- C. Pay | fying correctness of |
| rvice towards limite | Promotion, Reductions, Casualties, &c. d engagement reckons from | Army Rank | Dates | Service not lowed to red for fixing rate of pen | al- ekon the sion | Service serve no ed to rec wards G | kon to- C. Pay | fying correctness of |
| which served Depot | Promotion, Reductions, Casualties, &c. d engagement reckons from | Army Rank | Dates | Service not lowed to red for fixing rate of pen | al- ekon the sion | Service serve no ed to rec wards G | kon to- C. Pay | |
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3731



FIRST NEWFOUNDLAND REGIMENT

| No. 3/3/ Name Hazel Fowlow Corps Coff. |
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| Questions to be put to the Recruit before Enlistment. |
| I. What is your name? I fasel towled |
| 2 Trint East. |
| 2. What is your full Address? |
| 3. Are you a British Subject? 3. |
| 4 What is your are? |
| 5. What is your Trade or Calling? |
| 6. Are you Married? 6. Pu |
| 7. Have you ever served in any Branch of His Ma jesty's Forces, naval or military, if so,* which? |
| 8. Are you willing to be vaccinated or re-vac- |
| .9. Are you willing to be enlisted for General Ser- vice? |
| 10. Did you receive a Notice, and do you understand its meaning, and who gave it to you?} 10. |
| 11. Are you willing to serve upon the conditions as embodied in the roll of service to be signed by you if you are accepted? |
| made by me to the above questions are true, and that I am willing to fulfil the engagements made. I am willing to fulfil the engagements made. Signature of RECRUIT. Signature of Witness. |
| OATH TO BE TAKEN BY RECRUIT ON ATTESTATION. |
| do make oath, that I will be faithful and bear true allegiance to His Majesty King George the Fifth, His Heirs and Successors, and that I will, as in duty bound, honestly and faithfully defend His Majesty, His Heirs and Successors, in Person, Crown and Dignity against all enemies, according to the conditions of my service. |
| CERTIFICATE OF MAGISTRATE OR ATTESTING OFFICER. |
| The Recruit above named was cautioned by me that if he made any false answer to any of the above questions he would be liable to be punished as provided in the Army Act. |
| The above questions were then read to the Recruit in my presence. |
| I have taken care that he understands each question, and that his answer to each question has been only entered |
| as replied to, and the said recruit has made and signed the declaration and taken the oath before me at. |
| Signature of Attesting Officer |
| 1 Company of the Comp |
| †CERTIFICATE OF APPROVING OFFICER. I certify that this Attestation of the above-named Recruit is correct, and properly filled up, and that the re- |
| quired forms appear to have been compiled with. I accordingly approve, and appoint him to the |
| If enlisted by special authority, such will be attached to the original attestation. |
| Date191 |
| Place |
| † The signature of the Approving Officer is to be affixed in the presence of the Recruit. |
| ## Here insert the "Corps" for which the Recruit has been enlisted. |

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| Corps in Rhich served | Rgt. or Depot | r hyddinai bi | | | Service | not al- | Service serve not ed to rec wards G. | | fying cor. | Officers certi- rectness of tries |
| ervice toward | Depot | Promotion, Reductions | Army Rank | Dates | Service lowed to for fixi rate of | not al- o reckon ing the pension | Service serve not ed to rec wards G. | in Re- t allow- kon to- C. Pay Days | fying cor. | rectness of |
| hich served | Depot | Promotion, Reductions Casualties, &c. | Army Rank | Dates | Service lowed to for fixi rate of | not al- o reckon ing the pension | Service serve not ed to rec wards G. | | fying cor. | rectness of |
| ervice toward | Depot | Promotion, Reductions Casualties, &c. | Army Rank | Dates | Service lowed to for fixi rate of | not al- o reckon ing the pension | Service serve not ed to rec wards G. | | fying cor. | rectness of |
| ervice toward | Depot | Promotion, Reductions Casualties, &c. | Army Rank | Dates | Service lowed to for fixi rate of | not al- o reckon ing the pension | Service serve not ed to rec wards G. | | fying cor. | rectness of |
| ervice toward | Depot | Promotion, Reductions Casualties, &c. | Army Rank | Dates | Service lowed to for fixi rate of | not al- o reckon ing the pension | Service serve not ed to rec wards G. | | fying cor. | rectness of |
| ervice toward | Depot | Promotion, Reductions Casualties, &c. | Army Rank | Dates | Service lowed to for fixi rate of | not al- o reckon ing the pension | Service serve not ed to rec wards G. | | fying cor. | rectness of |
| ervice toward | Depot | Promotion, Reductions Casualties, &c. | Army Rank | Dates | Service lowed to for fixi rate of | not al- o reckon ing the pension | Service serve not ed to rec wards G. | | fying cor. | rectness of |
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| ervice toward at the ball of t | Depot distincted as limited as li | Promotion, Reductions Casualties, &c. | Army Rank Tom 4- May Lance | Dates | Service lowed to for fixi rate of | not al- o reckon ing the pension | Service serve not ed to rec wards G. | | fying cor. | rectness of |

C.R. 3731

Artract from unity Orders part II. Depot Stadohn's.

The discharge of the undernoted on demobilization has been complained by officer in Records on 14-3-10.

14-3-19

3731 Pte. Hazel Fowlow.

Extract of Daily Orders, Eart 11, Royal Newfoundland Regiment, St. John's, Efld. March 4th 1919.

The fakkaging discharge of the undernoted on demobilization has been APPROVED by O.C. Discharge Depot on noted date.

28/2/19.

#3731 Pte. H. Fowlow.

Extract from Bedical Board held on Friday Jan. 10th, 1919.

3731 Pte. H. Fowlow.

Recommended discharge as Sermanently Unfit.

杨山

C.R. 373/

Extract from Daily Orders part 11. Depot St.Jahn's dated Dec.23/18

The undernoted returned from Overseas and reported at depot 21-12-18.00

#3731 Pte. C. Fowlow.

Agtract from Nomial Roll of repatriation darft No. 79 from the End., Bettelionof the Nowfoundland Regiment, embarked Per 1.5.008510AN at Tilbury Docks. 12/12/18.

#3731 Pte. C. Fowlow.

C.n. 3/31

Nov. 7. 18.

Mr. Richard Fowlow. Trinity East.

Dear Mr. Fowlow,

I beg to acknowledge receipt of your letter of the 5th inst. in which you make inquiries as to the whereabouts of your son, Pte. 3731 H. Fowlow, and whether he is being returned to Newfoundland. We have no information with regard to him, but we are telegraphing the Record Office, London, for particulars, and immediately upon receipt of same we shall again communicate with you.

Yours faithfully.

Captain,

Military Secretary.

Grinily East: How A: Bennett Min of Militia St. Johns' Dear Sir, my boy Hazael wrote me from Summer Down Camp on august-26 th. Saigno That he was convalescentand was then coming out as I have I am and mond would like to hear mformation regarding him Hindly Respectfully 4.23 Richard Forton address: - Sinh, East. 3731 Ple. Hazael Forton

Extract from Orders, by Lt. Col., B.J. Barton, D.S.O., Commanding 2nd Bn. Moyal Nfld. Regt., dated 9/9/18.

The following having reported back from the 1st En. is taken on the strength and posted to "H" Company:-

3731 Pte. N. Fowlow.

Extract from Casualties received from P.&.R.O. London. 30th, 1918.

The undermentioned was discharged from the Convalescent Hospital, Eastbourne, on 28/8/18 and granted furlough to 7/9/18.

3731 Ptc. Fowlow H. 111 Employment.

Authority:

Memo. from Hospital.

May 10th, 1918.

Mr. Richard Fowlow. Prinity East.

Doar Sir:-

I am directed to raphy to your wire of Erd hay concerning No. 3751 Private Hannel Fowlow, and to state that we have received no further particulars since has report concerning this soldier. In the event of any coming forward, you will immediately be notified.

Yours faithfully,

Lieut.

For Chief Spart Officer

May 10th, 1918

Mr. Richard Fowlow,

Trinity Bast

Dear Sir:-

of yesterday's date. I beg to inform you not we are in receipt of a reply from the Record Office, London testing that No. 381, Private Fowlow is now convalencent.

Yours faithfully,

C.G.B Moute.

For Chief Staff Officer.

Extract of Telegram to Military St. John's Nfld. dated 9/5/18.

"In answer your telegram May 9th:

3731 Fowlow

Convalescent."

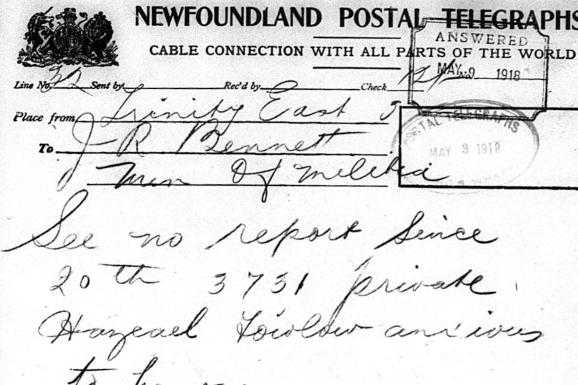
Extract of Telegram to Military St. John's from nSynoptical London dated Mag. 9th. 1918.

In answer your telegram May 9th,

3731 Fowdow,

Convalescent.

C.R. 3731



Richard Youlow

Extract from Telegram despatched to Synoptical, London, dated May 8,1918.

Please inform condition of 3731 Fowlow.

NEWFOUNDLAND POSTAL TELEGRAP



Cable Connection with all the

All Messages Sent are Subject to the Following Conditions:

The Management may decline to forward the Message, though it has been received for transmission; but in case of so doing shall refund to the Sender the amount paid for its transmission.

In case the Message shall never reach its destination by reason of any neglect or default of the N. P. T. or its Servants whilst the Message remains under the control of the N. P. T., they will refund the amount paid by the Sender for such Message.

The N. P. T. shall not be liable to make compensation beyond the amount refunded as above for any loss, injury, or damage arising or

resulting from the non-transmission or non-delivery of the Message, or delay or error in the transmission or delivery thereof, howsoever such

transmission, non-delivery, delay, or error shall have occurred.

The control of the N. P. T. over the Message shall be deemed to have ntirely ceased for the purposes of these Conditions at any point where, in the course of the transit of the Message to its destination, it may be entrusted by the N. P. T. (and the N. P. T. shall have full power so to entrust the Message) for further transmission by or through any system, service, of line of Telegraph belonging to or worked by any administration or authority not controlled by the N. P. T. exclusively, although worked as part of or in connection with the Telegraphic system or service of the N. P. T.

| (NOT TRANS | SMITTED) | want | yarded accordin | | Conditions, by which I agree to | abide. |
|--------------|-----------|---------|-----------------|---------|---------------------------------|-----------|
| Signature of | of Sender | W. I. 1 | | Address | Militia Dept. | 1805 |
| Line | Red | By " | 1 | | Check | OWNERS OF |

Dated

April 19th 1918.

To Mr.Richard Fowlow Trinity East.

> Regret to inform you that Record Office, London, officially report \$731 Pte. Hazael Fowlow, at 3rd London General Hospital, Wandsworth suffering from G.B.W.left foot

Upon receipt of further information I shall immediately wire you and trust that next report will be of his convalescence.

J.R.Bennett.

Mininster of Militia.

FOR TYPEWRITER

Extract from War List No. H.A. 22062.

3731 Pte. Fowlow, H. Admitted to 7 Sty. Hos. Boulogne, 15th April, 1918. GSW. Foot L. Mild.

Extract from Neminal Rell Draf No. 36th Other Ranks 200 drem 2nd (Reserve) Battn. Reyal Newfoundland Regiment and presented at Join the 1st., Battb. Reyal Newfoundland Regiment B. E. F., Embarked Southampton 4/2/18.

#3731 Pte. H. Fowlow.

Extract from Nominal Roll Embarked St. John's for Overseas, per S.S. "Florikel" Aug.4,1917.

3731 Pte. H. Fowlow.

J.R. 3731

Extract from Bolly Orders Port II Unit The Reput Bills. Regt., St. John'o, Mcyecth, 1917.

3731 Pte. H. Fowlow.

Attented othin day, pented to F. Coy, and nonigned to manher as charate

H Fowlow C.R. 3731 PHO

Medical Report on an Invalid.

Station

| | Date |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1. Unit Republished P. 2. Regimental No. 3731 3. Rank 4. Name Fon Low Aggel. 5. Age last birthday 19 44. 6. Enlisted on 4 1917 1. The state of the s | 7. Former Trade or Occupation } 7a. If with previous service in Army, state— (a) Former Unit; (b) Regimental No.; (c) Date of Discharge; (d) Cause of Discharge. |
| 8. Disability in respect of w | hich invaliding is Proposed. |
| (Other disabilities should be reported | 57 k (5-4 k) 1 k (5 k |
| | |
| Statement | Jos. (lep). |
| Note.—The answers to the following questions as | re to be filled in by the Officer in medical charge of the |
| | ween the man's unsupported statements and evidence recorded |
| 9. Date of origin of disability. | Luc Bit. |
| 10. Place of origin of disability. | ine tee. |
| history of the disability, noting entries on the Medical History Sheet bearing on the case. | led themps the less fort due were gite bree of torons were was set down the lie. Per |
| . 3 | 1 late stel 71 das in 3% |

 Give your opinion as to the causation of the disability, stating whether in your opinion it is—

- (a) attributable to or aggravated by service during the present war, climate, or ordinary military service. (The specific condition to which it is attributed should be stated, see Notes on page 3).
- (b) constitutional or hereditary, and not aggravated by service during the present war.
- (c) attributable to or aggravated by want of proper care on the man's part, e.g., intemperance, misconduct, &c.

Sow. received - oche somic

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me no scittice the me brez 13. What is his present condition? Weight should be given in all cases when it is likely to afford evidence of the progress of the disability. 14. If the disability is an injury, was it (a) In action? (b) On field service? (c) On duty? (d) Off duty? 15. Was a Court of Inquiry held on the injury? If so-(a) When? (b) Where? (c) Opinion? Was an operation performed? If so, 16. what? 17. If not, was an operation advised and declined? 18. In case of loss or decay of teeth. Is the loss of teeth the result of wounds, injury or disease, directly* attributable to active service? 19. Give particulars of any other disabilities existing, but not in themselves sufficient to cause invaliding, and state whether they are attributable to or have been aggravated by service during the present Repatientin 20. Do you recommend-(a) Discharge as permanently unfit, or (b) Change to England? ROYAL NEWFOUNDLAND REG. Officer in medical charge of case. I have satisfied myself of the general accuracy of this report, and concur therewith, except † Station Officer in charge of Hospital. Date. *Loss of teeth on or immediately after, active service, should be attributed thereto, unless there is evidence that it is due to some other cause.

† Delete this word if no exceptions are to be made.

There we to dens in on

Nº 3466



1st. NEWFOUNDLAND REGIMENT

ALLOTMENTS

| Identi Certific | ate other Relative or | | ADDRESS | AMOUNT (each person |
|--------------------|-------------------------------------------------------|--------------------------------------------------------------------------|---------------------------------|-----------------------------|
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| | | | JB. | |
| | | | | |
| _ | | | Total Allotment, \$ | 6 |
| NOTE. | This form must be signed by the Off required payments | e completed by the Officer Commandi- icer Commanding Company and hand | ng Company, signed by the Volun | teer, counter to make th |

N? 3466





HIST. NEWFOUNDLAND REGIMENT

ALLOTMENTS

| Identity Certificat No. | | AME (i | n full | Address | AMC (each |
|-------------------------------|--------|-------------------|---------|-------------------------------------------------------------|--------------|
| 5 | morter | this Et | igabeth | | |
| | | Richard | Fowlow | January Car | |
| | | | | | |
| | | | | Total Allotment, \$ | |
| NOTE. | | er Commanding Con | | Company, signed by the Volume to the Paymaster as authority | |

Notification to the O.C. Discharge Centre, that a Soldier is sent to a Discharge Centre with a view to Discharge, or Transfer to the Reserve whether in Substitution or otherwise.

| Note.—Army Forms W. 396 can be completed at the same ti to the Officers severally indicated | me by the use of carbon | sets of three and so arranged that a paper for despatch by the O.C. | they unit |
|---------------------------------------------------------------------------------------------------|----------------------------------------------------|-------------------------------------------------------------------------------------|-----------------|
| The O.C. unit is to fill in the in the spaces provided below. | e address of each Officer | , to whom the Army Forms are | sent, |
| O.C. Discharge/Centre/ | | ent to A.F. W. 3961c has been seeds. The Regimental Payma | |
| Winglester | Di Li | Tonders | 100 mg |
| Authority has been given to Centre for : | the undermentioned | soldier to be sent to the Disch | arge |
| (a) Discharge as no longe | | Service Strike out whichever inappl | es the |
| (b) Discharge as surplus | to military requiremen | War Office authorises a so transfer to Class W., or V of the Reserve only. In | W. (T). |
| (c) Discharge as* | | where the soldier is bein to the Discharge Centre | g sent |
| (d) Transfer to the Rese | rve . / A | such conditions the "Class W os W. (T) | words only " |
| (e)†Claims repatriation to | MAN | ms / F | 6 |
| (i) Where enlisted _ | Moran | ۷۰ (۲۰۵۵) | |
| (ii) Date of arrival in | United Kingdom | | |
| (iii) Port of arrival | | | 7 |
| (iv) Ship on which ar | rived | | |
| (v) Name of Shipping | Line or Agent | | |
| (vi) Names and addres of two references w | | | |
| can verify the abo particulars | | * * * * * * * * * * * * * * * * * * * * | |
| No. 8 73 Rank 0 | 3/1 | | |
| Name Fowl | ow Hos | d | |
| (Surname) | (Chatti | in names in full) | |
| Unit and Corps | 11.7 | CD . | 114 |
| Authority | 1799 | BC | |
| Army Forms B. 179A and B. 122 and W. 3068, or tempor warded herewith, | B, B. 103, Bt 178, D. 40 ary documents, for the | 0 together with W. 3463A, B, above-mentiosed soldier are | 120, for- |
| Station Hazel | CHALLERY | | |
| Date 1921/ | 191_ O.C | | 4 |

Notification to the Officer I/c Records, that a Soldier is sent to a Discharge Centre with a view to Discharge, or Transfer to the Reserve whether in Substitution or otherwise.

Note.—On receipt of this notification the Officer i/c Records to ensure that he has all the documents of the soldier that should be in his possession, or prepare temporary documents in the event of loss of the originals.

Army Form W. 3961c has been sent to the Regimental Paymaster with instructions for that Officer to return it to the Officer i/c Records after having filled in the particulars of the names and dates of birth of the soldier's children, or particulars of dependants, for whom separation or dependants' allowance is being paid, on receipt of which it is to be attached to the soldier's documents. In the event of the soldier's discharge documents being forwarded to the Controller, Ministry of Pensions, Army Form W. 3961c is to accompany them whenever possible; the despatch of the documents is not, however, to be delayed for this purpose. If Army Form W. 3961c has not been received by the Officer i/c Records from the Regimental Paymaster in time for transmission with the discharge documents, it is to be forwarded to the Controller, Ministry of Pensions, as soon as received. Pensions, as soon as received.

| A.F. W. 3361A has been sent to O.C. Discharge Centre, | The Officer i/c Records, | A.F. W. 3961c has been sent to The Regimental Paymaster |
|----------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------|
| A Secretaria | 108 Little | noton |
| Authority has been given Centre for : | for the undermentioned soldi | er to be sent to the Discharge |
| (a) Discharge as no long | er physically fit for war servi | War Office authorises a soldier |
| (b) Discharge as surplus | to military requirements | transfer to Class W., or W. (T) of the Reserve only. In case |
| (c) Discharge as* | AND THE PERSON NAMED IN COLUMN TO AND TH | where the soldler is being sen to the Discharge Centre unde |
| (d) Transfer to the Rese | erve // / | "Class W. of W. (I), only are to be inserted at (d). |
| (e)†Claims repatriation t | (Country) | (Place) |
| (i) Where enlisted | strens. | |
| (ii) Date of arrival in | United Kingdom | |
| (iii) Port of arrival | | |
| (iv) Ship on which a | rrived | |
| (v) Name of Shipping | Z Line or Agent | |
| (vi) Names and addre of two references of can verify the ab particulars | who] | |
| No. C. Rank | mir diaso | <i></i> |
| Name (Surname) | 100 100 30 | n names in full) |
| Unit and Corps | N212 | 2 |
| | 17000 | P |
| Authority Hagel | lefferen_ | |
| Date 19411 | O.C | |
| • Insert | cause other than under (a) or (b) | above. |

NOTE.—†If the soldier claims to be repatriated abroad and is prepared to embark at the first available opportunity, the O.C. unit has been instructed to complete such of the particulars as the soldier can furnish before despatching the Army Forms.

In such a case the soldier's claim is to be verified forthwith, and the O.C. Discharge Centre notified by wire whether it has been substantiated or not.

Notification to the Regimental Paymaster that a Soldier is sent to a Discharge Centre with a view to Discharge, or Transfer to the Reserve whether in Substitution or otherwise.

| WILCIE | I III Substitution of the | CL TIBO |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------|
| documents reach him from the soldier's children or dependants | Discharge Centre, may be in | Records, at the time the soldier's possession of particulars of the or dependents allowance is being |
| i/c Records in time for it to b | on are required by the Ministry of aportant that this Army Form c despatched to the Controller | f Pensions at the time of assessing should be returned to the Officer Ministry of Pensions, with the |
| of the period covered by the | temporary pension allowand that there shall be no delay i er i/c Records. | ement before the termination e and thereby avoid hardahip in completing and forwarding may nation D |
| A.F. W. 3961A has been sent to O.C. Discharge Centre, | PART 1. A.F. W. 3961B has been sent to The Officer i/c Records, | The Regimental Paymaster, |
| Hor 12 4 Hay | 13113 | 110 1 |
| Authority has been given f | or the undermentioned soldi | er to be sent to the Discharge |
| 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | er physically fit for war servi | CC Strike out whichever inapplicable. In certain circumstances the War Office authorises a soldier's |
| (b) Discharge as surplus | to military requirements | transier to Class W., or W. (T), of the Reserve only. In cases |
| (c) Discharge as | | where the soldier is being sent to the Discharge Centre under |
| (d) Transfer to the Rese | rve | "Class W., or W. (T), only", are to be inserted at (4). |
| (e)†Claims repatriation t | o (Country) | (Pface) |
| (i) Where enlisted _ | 11471 | |
| - (ii) Date of arrival in | United Kingdom | |
| (iii) Portiof arrivalog | with the lollowing d | ξ(b) Lamarried or a widewer without children |
| ad to training Name of Shipping of all making the same of Shipping of all making the same of Shipping of all making the same of the same o | | |
| Names and addre | sses etasbaseab | *(c) Lumanied and without |
| can verify the ab | Vno J | *(d) The address of his land |
| No. 7 7 Rank | 2/1 | Setion |
| Name Association Name (Surname) | Christia | Date (Ilof ni emen n |
| Unit and Corpe | Stelle outpelijebene filosopylica ble: | |
| | the soldier is forwarded he | |
| Secretary T.F. Association, | | you, or if necessary by the y to the Officer I/c Records. |
| Station / | | Julia Obech VIII |
| Date | | |
| Pastiff above and forward | 第二世界的 医克里特特氏 医克里特氏病 医克里特氏病 | |
| NOTE.—†In cases where to embark at the first available | a soldier claims to be repati e opportunity the O.C. unit he | soled autoud and is prepared as been instructed to complete |

these particulars as far as possible before despatching the Army Forms.

In such a case the Officer 1/c Records has been instructed to verify the claim and notify the O.C. Discharge Centre whether it has been substantiated or not.

BAR.

Date___

| il TRAQ tal Paymaster that a Soldier is sent to a w to Discharge, or Transfer though Section | th a vie | confre w | Ngtification Discharge (|
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| The soldier named in Part L of this Army For | nether in —: al m | W | |
| The following are the particulars, it ofder of de of whom separation allowance is being paid at the | te of birt | n, of child | ren in respect |
| not NOTE.—Uthe surname of any of the children is not surname is to be inserted after the Christian names viscos | the same | as that of | the soldier the |
| | i cresimo Sex | Date: | s of Birth end |
| W. 390tm nas level sent to: ne Officer I/c Recepts . The Regingerial Paymaner. | A CONTRACTOR OF THE PARTY OF TH | The second second second second | or Wished Of Dach |
| | 100 | | |
| e underneutioned solder to be sent to the D. scharge | troi e zi | has becut | the second secon |
| veically hit tor war service Spingran who ager as rebushie | a record | in as overe | California Porce |
| mintary requirements of the test of the trace of the test of the t | irpius to | e eo ogua | bak ji |
| to the Fig. sarre Centre ender | Reserve | di of toks | |
| (Country) (Prace) | T | e lepania | M. 12 |
| The same of the sa | E bata | las sin | W (iii |
| *(b) Unmarried or a widower with the following without children whom an allowance | is being p vers if p ust awage | aid:— iw do gra | This information and that of the children is to be extracted to A. F. W3500 in cases where the sol- |
| *(c) Unmarried and without dependants *(d) The address of his family or dependants is Limit JB N. 111 | aildresses nees who alvess | neplata Aculton Mo Lyona Trois and | dier has been enrolled as an A.R.M.W. |
| Station | | | |
| Date | Secr | al Paymas etary T.F. | Association. |
| The Secretary of the Office viewed and the Secretary of the Office viewed without delay to the Office viewed viewed without delay to the Office viewed viewe | er tor upg ty Form tion, and | rm O 180 this Am I Associa | Authority Army Po Pare II of Secretary I Secretary I Secretary I |
| respectively and the statement of the st | where abyonalis open as possil | in cases the first av lars as la | - TON |
| Note that I fail the service | V - Seriora | A PROPERTY OF | O TARALIA |

PAY CERTIFICATE FICE COPY.

To be rendered for all ranks on discharge, transfer to other units, or on return to Newfoundland in accordance Regtl No. 3731 Rank He Name tourlows . to Newfoundland on 11 12 Nauthority DR. STATEMENT OF ACCOUNT PARTICULARS PARTICULARS Balance Dr. from Balance Cr. from Allotment /9 days @ leo 9, Pay 19 days @ \$ /00 11/40/2 Cash Payments: Field Allce /9 days @ \$ 100 Other Allces days @ g Other Debits: Other Oredits: B. Danages Mis Shopp. Exton South of M. 21302 pog D. 4 A2 Total Debits 5 Total Credits Balance due by Paymaster Balance due to Paymaster I have carefully examined this Statement of Account and find it to be a correct extract from the Pay Book of (PIACE) Chester Made up/Checked in accordance with information received in the Pay & Record Office and is therefore project to amendment if and as may be found necessary. Pay & Record Office, London.

2 7 2 29 ATUGFAGA 3068. Transfer Statement of Glothing and Necessaries.

INSTRUCTIONS.-This Statement will be made out by the Depot and

will be sent to the Commanding Officer of the unit receiving the transfer, who will retain it as a voucher to the unit's Clething Account. The Statement will also be forwarded in the case of men in the United Kingdom passing from Hospitals to Depots or units, and in all cases of Transfer, except when men proceed overseas. STATEMENT showing the Articles in possession of (R Rank and Name proceeding from the Date of Transfe Date of Enlistment_ FOR DETAIL OF ARTICLES, see overleaf. Certified that this Statement, as detailed is correct in every particular. EASTBOURNE (1) Station_ (2) Station Commanding Squadran, Battery, or Company. Date

Name of Unit man is joining.

Articles of Clothing and Necessaries in Possession.

Articles not in possession should be struck out of the list. Any articles not included should be inserted.

| CLOTHING | No. | NECESSARIES | No |
|--------------------------------|--------|---------------------------|---------|
| Aprons kilt | | Badge, cap | 1 |
| Boots, ankle, pairs | . / | Bag, Kit | / |
| Caps, Service Dress | / | Braces, pairs | 1 |
| Caps Glongary | .16.75 | Brass, Button | 1 |
| Drawers, pairs | 2 | Bruch, Druss nr | 1865 |
| Procks Canons | | The Blooking on the | _ |
| Greatcoat, D.M | / | A.Cini | Sec. 7. |
| Jackets, Service Dress | 1 | " Hair | / |
| Kilta | | Pelishing | 1 |
| Pantaloons cord pairs | | " Shaving ' | 1 |
| Putties, pairs | 1 | " Tooth | 1 |
| Spura, Jackypaine | | Cap Comforter | |
| Prousers, Service Dress, pairs | 1 | Comb, hair | 1 |
| Trousers, Canvag or Khaki | | Disc, identity, with cord | |
| Drill Overalle, pairs | | Fork | 1 |
| Waistcoat, cardigan | / | Gartoro, Highland, pairs | |
| Coat, Waterproof | . [| Holdell | |
| Gloves, leather, pairs | 1 | Hose Tope pains | |
| Gloves, Motor Cyclist, pairs | | Monsewife | |
| Gogeres pairs | | Knife, Clasn | |
| | | Knife Table | 1 |
| | | Laces leather spare pairs | 1 |
| | | Shirts, flannel | 2 |
| | | Socks, worsted, pairs | 7 |
| | | Spoon 111 10 | |
| | - XX | Titles, metal, pairs | 20 |
| ·, | 1 1 | Towole hand | |
| 1 | . * : | Was Delich tin | 12. |
| | | | |

| 1. | 1 certi | fy that the | ns state | ment is co | orrect. | |
|--------|---------|-------------|----------|------------|---------|----|
| Date | 2 7/1 | 9// | • | | , , | , |
| Signat | ure of | e Soldie | Ite | ment is co | oulo | 2 |
| | | | | | 37 | 21 |

To repart to Recard affice (In pads of 100.) for the purpose of proceeding to Nou Abu Enan Marphison

Barbam military Unpital Regbridge June 7th To Chief Cay master of Dear Sir Chase send the Statement of my account 3731 the Hazarl Foulow Barham Lodge (Weybridge Jurrey NEWFOUNDLAND COUTHIGHT. PAY & RECYDD OFFICE. eng Rec'd 8 - JUN 1918 het. Nos. OUI 28 JUN 1918 Dation 3 & F

Chief Saymaster and affect 1/2 Record

O. h. 18 18 18 10 10 Manufoundland Regt

O. h. 18 18 18 10 10 Med Sondon State

Clease remit to me the Sum of \$10 fifteen shilling on any account if my balance Barham hjuldaur Royal Towlow Hospital Myroval John Jahren.

Chief Coy moister and afficer 1/2 Record
Wenfoundland Contingent
6 8 Dictoria Sheel
Fondon Sin
Clease remit if me the sum of \$2. 16 Cture founds ten stilling on any account of Darham Gillong 3731 Ble Hogard Fowlow

Boybirdge Approved

OK. 12-10-0 M. Gace Mc Derry MORNO WITTER

2938 Reaph ha 2447. Nation -

Les éhief prognaster + officer par Recorde d'éld conlègent de 1880 de Clease remit to me the sum of fill once found on account of any balance that may be dued to me DA P10.0 Wysielge The H Fowlow Phy 11/8/18
Barkan Lodge Receipth 7.064

11/5/18 approved Varion

Told North

| Only for use with Men returned from an Expeditionary Force Army Form W. 3016. | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|
| or from Garrisons Abroad. (In Books of 200.) | |
| No. Date June 27 1916 | |
| *(1) To the Officer i/c Records \ 58 Valora M' | |
| *(2) The Officer Commanding & Wind Windrester | |
| *(3) The Paymaster 58 Victory A Station. | |
| Regimental No. 3731 | |
| 2 - Y- 0/V H | |
| Rank and Name Ple Towkout | |
| Regiment or Corps 1 R WW. | |
| has been proposed transferred to m 27-6 18 | 3 |
| & Summer down Court Hospile | W. |
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| is the lar | |
| * Strike out that which is inapplicable. | |
| ocka j hu | |
| Officer in charge Hospital. | |
| Parioteor B.A.Mef. | Γ, |
| Four copies to be made, and one copy sent to each Officer mentioned about 190 | al |
| Four copies to be made, and one copy sent to each Officer mentioned about 199 per copy filed in the office. In the case of men of the Royal England Engineers energy Officer Corps, two copies of Army Form W. 3016 will be gent to Bellification charge Records | 12 |
| Corps, two copies of Army Form W. 3016 will be gent to fletting the concerned and one to the Paymaster, instead of one copy to the Officer i/c Records, the | 1 |
| Paymaster and O.C. shown in the Schedule. | |
| [M3765] W1116/PP164 12m bks. 11/17s T751 G & S E. 2084 | |

Chief hymaster + officer 1/c Record

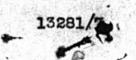
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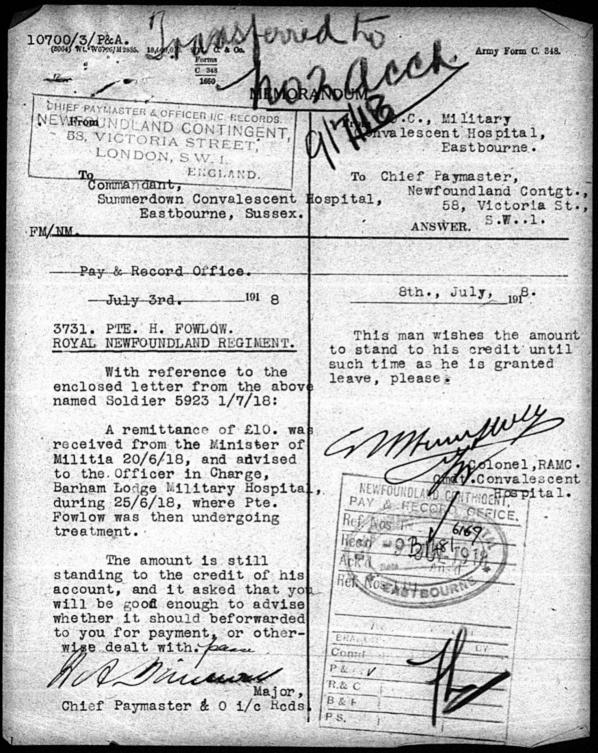
NEWFOUNDLAND CONTINGENT,

DIA & RECORD OFFICE. The adelive mit to me the sum of \$2. (two forthes 18 of my credit on any associant of my balance which may be due to me. 13281/7. 3731 Pte Hagael Towlow
12/8/16 MRoyal Will Regt
Will Hut 4 C Division FARWARESCENT M. Sprakell Eastbourne 10.6.6. DW



Summerdown . Camp . . Eastbourne . . 20th, August

H. Fowlow . 2.00.0



C. 348

MEMORANDUM.

CHIEF PAYMASTER & OFFICER UC DECO COMUNDIAND CONTINGENT VICTORIA STREET. LONDON, S.W.A.

From

ENGLAND. Tcommandent,

To

Summerdown Convalescent Bospital, Eastbourne, Sussex.

FM/NM

ANSWER.

Pay & Record Office.

July 3rd. 191 8

3731. PTE. H. FOWLOW. ROYAL NEWFOUNDLAND REGIMENT.

With reference to the anclosed letter from the above named Soldier 5923 1/7/18:

A remittance of £10. was received from the Minister of Militia 20/6/18, and advised to the Officer in Charge, Barham Lodge Military Hospital, during 25/6/18, where Pte. Powlow was then undergoing treatment.

The amount is still standing to the credit of his account, and it asked that you will be good enough to advise whether it should beforwarded to you for payment, or otherwise dealt with bears

Much

Theef Boy master of the Doyal of flet Dear Sir Will you Hindly let me Know of the £ 12 is come what I wired home for about three weeks shome for the same amount and charge it to my arround He Hagast Toulow Royal Wild Regt C. Division Summendown NEWFOUNDLAND GOVINGENT. Castbourne PAY & PECOPY GFFICE. Castbourne H. I. J. 68 14 V 5923 Sus 10700/3. III

| no. | 10815/650 |
|-----|-----------|
| | |

NEWFOUNDLAND CONTINGENT

To:

SS. VIOTORIA ST.
LUNCON, S.W.
20, OCT TOTAL /79

From:
Chief Paymaster & O. 1/c Records,
Newfoundland Contingent,
58, Victoria Street,
London, S.W. 1.

Officer Commanding, 2/lst.Newfoundland Regt.

Ayr, N. B.

18th, October

191 7

Subject: 3731, Pte. H. Fowlow

With reference to the following telegram from the Hon. the Minister of Militia, (5960) received 17/10/17,-

"Pay to 3731 Fowlow £7.

Feld Draft

for payment to this Soldier.
Kindly obtain his receipt
hereon.

Major, May

Chief Paymaster & O. i/c Records.

19/0/1

191

ANSWER

Receipt hereunder

Officer Comdg. Battn. 1st Newfoundland Regiment

Received the sum of Win

cable remittance from Newfoundland.

H Towlow

No.273/ Rank

_10

34 forthe Jul Wandsworth 20/4/18 Miss. C. Pay & Records Perse remil-#3731 Pri H Fowlow The Sum of 1 and Charge is afe + Forelow and may wone for 22 4 Reept- 20 66 89.

Borkom Gullary Hospital June 7 11.9/18 Wegbridge Lo Chief Paymaster of Wild Regt Ver V The following message to his Richard Towlow Trinity. Trinity Bay alenfoundland * Cable twelve pounds X through minster of militia 133731 The Hazarl Foulow Tel. 1005. (10) 38. Dictoria Sheef Sondon England well Palian ? Date 12/6/18 11 6 R.& C 13 & E

Barham Lodge, Weybridge.

24th June 8 3731, Pts. H. Fowlow, 5595

Pay to 3731 Fowlow £10:0:0

no Receipt

KASON

No. 10005/22 From:

NEWFOUNDLAND CONTINGENT 10:

N.F.P. /90.

. Chief Paymaster & U. i/c Records, Kewfoundland Contingent,

58, Victoria Street,

London, S. W. 1.

Officer Commanding,

Barham Lodge. Weybridge.

24th June

Subject: 3731, Pte. H. Fowlow,

With reference to the following telegram (5595) from the non the minister of militia, received

Pay to 3731 Fowlow £10:0:0

Kindly advise whether this amount should be remitted to you for payment to this Soldier, retained to credit of his account, or otherwise dealt with.

Chief Paymister & D. 1/c hecords.

26.6.18 191

ALISWER

pr the 30 d. G. H. wandsworth.

Jaca Uneliery

WESTERN UNION

ANGLO-AMERICAN

WESTERNUNION DIRECT UNITED STATES

Code CHARGE

THIS FORM WILL BE ACCEPTED AT ALL POST OFFICE TELEGRAPH STATIONS.

FOR STAMPS

12/6/18

PREVENT MISTAKES PLEASE WRITE DISTINCTLY.

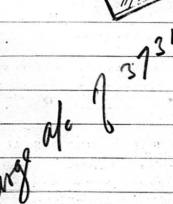
EFM MRS RICHARD FOWLOW

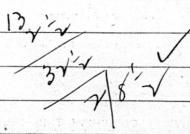
> TRINITY (Newfoundland)

CABLE TWELVE POUNDS THROUGH MINISTER MILITIA

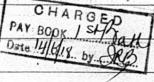
> HAZARL FOWLOW







HIT



Authorised.

NOT TO BE TELEGRAPHED. Having read the conditions printed on the back hereof, I request that the above telegram be forwarded by the Western Union Telegraph-Cable System, subject to the said conditions to which I agree.

58 Victoria St. S.W. 1.

Signature.

| | DEBITS | Date | £ 8 | đ | CREDITS | Per | iod To | | Rate | | 7 | £ 8 | 5 0 d | 1 | |
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Obs 800 ND SONTING

Witness

N.F.P./79.

NEWFOUNDLAND

From: .

Chief Paymaster & 0.1/c Records, Newfoundland Contingent, Pay & Record Office, 58, Victoria Street, London, S.W. 1.

6th. December. 1918.

Subject: 3731. Pte. H. Fowlow.

With reference to the following telegram (10515) from the Hon. Minister of Militia, received

Pay to 3731 Fowlow - £10:0:0

Draft £10:0:0 is enclosed for payment to this Soldier.
Kindly obtain his receipt hereon.

Chief Paymaster & O. 1/c Records.

To:

Officer Commanding, 2nd.Bn.R.Newfoundland Regt., Hazeley Down Camp, Winchester, Hants.

| A ecr to Mercion 8) |
|------------------------------------|
| Receipt hereunder |
| Receipt hereunder |
| LIEUT. COLONEL, |
| Royal Newfoundland Regiment. |
| Received the sum of Je |
| Founds on account of |
| able remittance from Newfoundland. |
| # Foulow |
| No. 3731 Rank Ste |

| | ry in uct Sheet } | 7. | of la | st drunk Squ., Batty., or Company Corp Corp Company Period not reckoning towards freedom from extra fine | Sneev No. | Company, etc. | 1/2/ | Character Character | er Vocav. |
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Sowlow, A 3/31

Say Loops.

LAST PAY CERTIFICATE

MAIL CORY, 194

| R. | | - | | - 51 | AT ISM | BRI | OF ACCOUNT | | | | | CI |
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| To 11/2 | 1st Pay 2nd " | | | 1 | 12 | 6 7 | Other Allces days @ \$ | 20 | 90 | | 5 | 11 |
| : Trom 23/11/18 | Other Debits: Barrack Damages Misc. Stoppages | | | | 1 | 6 5 | Other Credits: | | | | | 1 |
| ctop | Total Debits | - | | 4 | 5 | 11 | Total Credits | \vdash | - | 4 | 5 | 11 |
| PE | Balance due by Paymaste: | | | | | | Balance due to Paymester | | | | | |
| CONTRACTOR AND ADDRESS. | The state of the s | 1 1 2 | 575.5 | 4 | 5 | 11 | nd find it to be a correct extract | 558 | 44,00 | 4 | 5 | 11 |

March 14,1919

#3731 Pte.Hazel Fowlow.

Trinity East.

Dear Sir:-

Blease find enclosed "Discharge Certificate

No.1298."

Yours truly,

Paymaster & 0.1/c Records

Enc'1,11

The Royal Newfoundland Regiment

PROCEEDINGS ON DISCHARGE

| | No. 3731 Rank Private Name Towlow. H. |
|---------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| | No. 9. J. S. A. Kank |
| | Intended place of residence. Inuly Last |
| = | |
| 2. | Occupation Irohannau |
| | |
| | Classification of soldier |
| | |
| 3. | The above named man is discharged in consequence of |
| | · Mos. |
| | S(1)> |
| | The above named man is discharged in consequence of |
| | ZINSTOLE TO THAT SELFTED THAT THE |
| | His accounts are correctly balanced and I have impartially inquired into all matters brought before me, in |
| | accordance with Regulations. |
| | Place |
| | FED 29 1010 & Comanding Discharge Depot |
| | Date LD 20 1919 The Royal Newfoundland Regiment |
| - | |
| | CERTIFICATE TO BE SIGNED BY SOLDIER ON DISCHARGE |
| 5. | I hereby acknowledge that I have received all my pay and allowances (including clothing allowance) and all |
| | just demands up to the present date, and hereby release the Discharge Depot, Royal Newfoundland Regiment, |
| | of all financial responsibility in my connection. |
| | Place and date STIME Sport towlow |
| | // Signature of soldier |
| | 78.2,19 Copiks Caph |
| | Signature of witness |
| - | |
| | CIVILIAN RE-ESTABLISHMENT CERTIFICATE TO BE SIGNED BY SOLDIER |
| 6 | I hereby certify that I am in a position to resume civilian occupation immediately on discharge. |
| | 11 -4 0 |
| | Place and Date 28-2-19 H. foulow |
| | CT TOWN'S |
| | SI. John S. W. Hoalon Raju |
| | Signature of witages |
| - | |
| | STATEMENT OF SERVICE |
| | |
| 91-2009 | Enlisted for service |
|] | Discharged from service 28-2-19 Plus 14 days- Service 5.80 |
| _ | |
| | APPROVAL OF DISCHARGE |
| 8 ' | The discharge of the above mentioned soldier is hereby approved to be confirmed by the Officer i c Records, |
| Ŭ. | The Royal Newfoundland Regiment, twenty-eight days from date. |
| | ST. JOHN'S. |
| | Place Officer Commanding Discharge Depot |
| | FEB 28 1919 The Royal Newfoundland Regiment. |
| | |
| | Date |
| | |
| | CONFIRMATION OF DISCHARGE |
| 9. | The discharge of above mentioned soldier is hereby confirmed to the soldier is hereby |
| 30- | Place Atomis. Med (Mistowier Capi |
| | The a sala surling Officer ile Records |
| Da | |
| | to the transfer of the state of |
| 655.50 | |

The Royal Newfoundland Regiment

| DEMOBILIZAT | ION ON |
|------------------------------------------------------------|---------------------------------------|
| Reg. No. 3731 Rank Att Nan | Joulos Hozely |
| Date of Enlistment #5.17 Address | |
| Occupation . Fusher | harge. Medical Category. |
| Recommendation S.M.B. Hernelly perfect Disa | bility Rating 2070 |
| Passed to Demobilization Officer with following documents: | |
| N.F. P 36. | Med. D.F. 1 3443 / |
| B 178 W 3494 B 122 Boar | |
| B 178a D 400A B 1915 do | |
| B 179 D 400B Form L do B 179a D 400C Form K do | |
| B 179b B 103 ME 2 | |
| В 179с М 93 | |
| | Salah & drived and |
| Date. 15/19 | MO. C. Discharge Depos |
| PARTICULARS FOR DE | MORILIZATION |
| PARTICULARS FOR DE | JEOPIELE TION |
| I. Civil Re-Establishment. | · · · · · · · · · · · · · · · · · · · |
| I amin a position to resume civi | nan occupation. |
| | 4. Foulow |
| | H. Joulow |
| Particulars passed to Vocational Officer for inform | |
| Date 94- 2- 19 | Soleph A fromfent. |
| | |
| 2. Clothing. | H FOLER |
| Certified that Clothing Regulations have been con | iplied with:— |
| (a) Clothing Allowance payable. H. Col | A Survey- |
| (b) Clothing Supplied | |
| Date. 28 - 2 - 19 | O ilc. Re-clothing. |

| 3. Transportation and Release Certificate. The above named has been provided with Travelling Wa | 1288 |
|-----------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Date 28-2-19 | Demobilization Officer |
| 4. Pay and Allowances. The herein named soldier's accounts have been correctly therewith settled. He has received pay and allowances to . 28-2-19 | 1413131 |
| Discharge approved for 28.2.19 | Depot Paymaster. |
| Forwarded with following documents to O.C Discharge De | pot. |
| N.F. P 36 | " 3 2 fom B |
| APPROVED. | |
| Documents as above forwarded to:— Officer i c Records. Board of Pension Commissioners. | |
| with following additional documents. | |
| 20.1010 | DIM |
| Date FEB 28 1919 | O. C. Discharge Depot. |
| Received the above noted documents from O. C. Discharge Depot. | aner (LL) and all and a second |

To be used only for Special Reserve Recruits, and for Special Reservists enlisting into the Regular Army.

MEDICAL HISTORY Christian Name Table I.--GENERAL TABLE. County SPECIAL RESERVE day of 191 Examined Declared Age . vears days Trade or Occupation inches Height Weight lbs. lbe. Chest inches inches (Grith when fully expanded Measure-ment Range of Expansion . . inches inches Physical Development... Right Left Right Left Arm Vaccination Marks When Vaccinated Vision R.E.-V= R.E.-V= LE-V (n) (a) (a) Marks indicating congenital peculi-arities or previous disease (b) Slight defects but not sufficient to Cause rejection Approved by (Signature) (Rank) Medical Officer. Medical Officer Enlisted day of on 191 Corps, Regtl. No. Joined on Enlistment.. Became non-effective by day of 191 day of (Signature) (Rank) P.T.O.

| | | | | | | - | Table 11.—Only for admission t | o nospi | tal of to the sick list in case of warrant Officers treated in quarters. | |
|-----------------------|------------|-------------------|-----|--------|--------------------------|---------------------|-------------------------------------------------------------|-------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|
| Name of Hospital. | - | dmitted Hospit | 1 | - | harged Hospi Month | from tal Year | Disease | Number Days in Hospital | Remarks bearing on the cause, nature or treatment of the case likely to be of interest or of future use. In cases of syphilis, admissions and re-admissions to hospital will be shown. The subsequent progress, including particulars of treatment out of hospital, transfers, etc., will be given in the special syphilis case sheet. | Signature of Medical Officer |
| 3 wo bordon Ferrelle | 78 | | | ****** | 2 | | | | | |
| Deudsworth. | 17 | 4 | 18. | 27 | 6 | 18 | g.S. W L for herfrety fruct scaphois, mid rest Careif | 71 | Wanded & Jane 14.4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 | ge dalf had |
| Mil Con Hoo Bastourne | 5 . | 1 9 | | | | | | | CONVALESCENT TREATMENT O | C Ande |
| - Bashanne | 27. | 6. | 18. | 20 | 8 | /8 | - do - | 64 | CONTALESCENT TREATMENT Massage. PHYSICAL DRILL MASSAGE MASSAGE. DISCHARGED FIT TO SEALULT LECOMMENDED & Impleyment. | Copt. Rame |
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| | | Line | | | | | | | | |

| gical Appliances, Particulars of Dental Treatment, &c. | | | | | |
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| Date | Brief Details, and Signature | | | | |
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| 21-6-17 | Vacc. 20 | | | | |
| 29-5-17 | (1B, 20 | | | | |
| 11-6-17 | 5 AD | | | | |
| 18-8-17 | AB. | | | | |
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| | MA C LOO, WOYAL NEWFOUNDEAN | | | | |
| | J. 4 | | | | |
| | It is hereby certified that this soldie | er | | | |
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| | tion Medical category | 1 | | | |
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| Land and the second | Date of S.M.B. Discharge Lepot-lewious | Miar | | | |
| The straightful and the st | The state of the s | 75 | | | |
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TABLE IV.—SERVICE TABLE.

| Station or Troopship | Date of Arrival or Embarkation | Date of Departure or Disembarkation | Station or Troopship | Date of Arrival or Embarkation | Date of Departure or Disembarkation |
|----------------------|--------------------------------------|-------------------------------------------|----------------------------------------------------------------------------------------------------------------|--------------------------------------|-------------------------------------------|
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| | 100 | | | | |

Civil Re-establishment Committee



I HEREBY CERTIFY that I have had an interview with the Vocational Officer of the Civil Re-establishment Committee or other recognized vocational agent of the Committee who has explained to me the provisions made by the Committee for the industrial re-training of disabled or partially disabled sailors and soldiers as well as the readiness of the Committee to assist any returned sailors and soldiers (whether disabled or not) to find employment. My decision is as follows:

hi been the Preser brennin who K. R. N. G.

Ct. Hyarl Toulow Signature of Man.

Reg. No. . 373/

Signature of the Vocational Officer or his Representative.

Place M. John "

Date 26.27

191 2

Medical Report on an Invalid.

Station Hazeley Down . amp, Wirchester.

Date Dec . 3rd. 1918.

1. Unit Reyal Newfoundland Regiment.

Regimental No. 3731.

3. Rank Ptc.

4. Name FOWLOW, Hazel.

5. Age last birthday 19 Yrs.

6. Enlisted on 4th. May, 1917. at St. Jehns, NFLD.

7. Former Trade Fisherman. or Occupation

7a. If with previous service in Army, state-

(a) Former Unit;

(b) Regimental No.;

NA.

(c) Date of Discharge;

(d) Cause of Discharge.

8. Disability in respect of which invaliding is Proposed.

(Other disabilities should be reported upon in answer to question No. 19).

G.S.W. Foot (left.)

Statement of Case.

Note.—The answers to the following questions are to be filled in by the Officer in medical charge of the case. In answering them he will carefully discriminate between the man's unsupported statements and evidence recorded in his military and medical documents. He will also carefully distinguish cases entirely due to venereal disease.

9. Date of origin of disability.

April 1918.

10. Place of origin of disability.

Armentiers.

 Give concisely the essential facts of the history of the disability, noting entries on the Medical History Sheet bearing on the case.

He states that he received a bullet through the left feet during the attack; several of the benes of tarsus were fractured and he was sent dewn the line, eperated on at Beulegne and later spent 71 days in 3rd. L.G.H. He was discharged to employment from cenvales ent Hespital.

Vide A.F.B. 178.

 Give your opinion as to the causation of the disability, stating whether in your opinion it is—

(a) attributable to or aggravated by service during the present war, climate, or ordinary military service. (The specific condition to which it is attributed should be stated, see Notes on page 3).

(b) constitutional or hereditary, and not aggravated by service during the present war.

(c) attributable to or aggravated by want of proper care on the man's part, e.g., intemperance, misconduct, &c.

G.S.W. received on active service.

NA.

NA.

| | what is his present condition? There | are two scars in dersum of many feet. |
|-----|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------|
| | Weight should be given in all cases when it is likely to afford evidence of the progress of the disability. | on scapfield ether en base of 4th. metatersa Ne dreeping of arch; pain in walking len distances. Able to carry en with light w |
| | | |
| 4. | If the disability is an injury, was it caused— | |
| | (a) In action? | . ************************************ |
| | (b) On field service? | |
| | (c) On duty? | NA. |
| | (d) Off duty? | |
| | | |
| 5. | Was a Court of Inquiry held on the injury? | |
| | If so—(a) When? | |
| | (b) Where? | |
| | (c) Opinion? | NA. |
| | | |
| 6. | Was an operation performed? If so, | |
| | what? | Yes. |
| 7 | If not, was an operation advised and | |
| | declined? | NA. |
| | | **** |
| 8. | In case of loss or decay of teeth. Is the | |
| | loss of teeth the result of wounds, injury or disease, directly* attributable to active service? | NA. |
| 9. | Give particulars of any other disabilities existing, but not in themselves sufficient to cause invaliding, and state whether they are attributable to or have been aggravated by service during the present war. | NA. |
| | | |
| | | |
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| | | |
| | | |
| | | |
| 20. | Do you recommend— (a) Discharge as permanently unfit, or | Repatriation. |
| | (b) Change to England? | TAVAL NEWFOUNDLAND |
| | | MI CHAYAL NEWFOUNDLAND |
| | • | · Gr |
| | | Officer in medical charge of case. |
| | 내가 사람이 그 씨가 가면 없는데 나를 다 먹는데 되었다. | general accuracy of this report, and concur therewith, |
| cce | ept† | |
| ita | tion | |
| | | Officer in charge of Hospital. |

^{*}Loss of teeth on or immediately after, active service, should be attributed thereto, unless there is evidence that it is due to some other cause.

Notes.—(i.) Clear and decisive answers to the following questions are to be carefully filled in by the Board, as, in the event of the man being invalided, it is essential that the Minister of Pensions should be in possession of the most reliable information to enable him to decide upon the man's claim to pension.

- (ii.) Expressions such as "may," "might," "probably," &c., should be avoided.
- (iii.) The rates of pension vary directly according to whether the disability is, (1) caused or aggravated by service in the present war, (1) due to causes not connected with present war, viz. (1) earlier active service, (2) climatic disease in pre-war service, (3) ordinary military service before the war. It is, therefore, essential when assigning the cause of a disability to differentiate between them.
- (iv). In answering question 21 the Board should be careful to discriminate between disease resulting from military conditions and disease to which the soldier would have been equally liable in civil life.
 (v.) A disability is to be regarded as due to climate when it is caused by military service abroad in climates

where there is a special liability to contract the disease.

4.54.

21. (a.) State whether the disability is clearly attributable to-

- (i.) Service during the present war;
- (ii.) Climate;
- (iii.) Ordinary military service ;
- (iv.) Want of proper care on the man's part, e.g., intemperance, misconduct, &c.; or
- (v.) Whether it is constitutional or hereditary.
- (b.) If due to one of the first three of these causes, to what specific conditions do the Board attribute it?
- 22. Has the disability been aggravated by any of the conditions mentioned in Question 21, and if so, which?
- 23. Is the disability permanent?
- 24. If not permanent, how soon do the Board recommend re-examination?
- 25. What is the degree of disablement which, in the Board's opinion, he should be assessed for pension purposes at present?

Degrees of disablement should be expressed in the following percentages:—100, 80, 70, 60, 50, 40, 30, 20, less than 20, or nil.

- 26. If an operation was advised and declined, was the refusal unreasonable?
- 27. Do the Board recommend-
 - (a) Discharge as permanently unfit, or
 - (b) Change to England?
- 28. If discharge is recommended it should be stated whether further medical treatment (including orthopædic training) is desirable in a-
 - (a) Sanatorium;
 - (b) Hospital;

Station

Date

- (c) Convalescent home;
- (d) Asylum; or
- (e) Other institution either as an inpatient or an out-patient, and if so the period for which recommended.
- 29. With reference to With reference to Army Council Instruction No. 1275 of 1917, is any surgical appliance recommended? .
- Does the man require the constant attendance of another person?

Station! Date Appro

PROUNDLAND

President. Members.

Administrative Medical Officer.

STATEMENT BY A SOLDIER CONCERNING HIS OWN CASE.

Note.—This Form is to be filled in by every soldier prior to the compilation of Army Form B 179A, whether a patient in hospital or not, and attached thereto. The questions are to be answered in the soldier's own words, and the Form is to be signed by him and the signature witnessed. In the event of the soldier being unable to write he should affix his mark, such act being witnessed. Rank, Pla Regimental No. 8731 Name. Fowlow Hage Unit and) R. N. FZ. hristian Names) Note.—Before answering the questions below, the soldier is to note that (a) The statements made by him will be checked by official records. (b) In answering Question 2 any special matters which in his opinion caused any unfitness from which he may be suffering or which aggravated it should be clearly stated. If the soldier is unable to read, the above notes are to be read to him by an officer. In what countries have you served Frans. Infantry during this war, and for what periods? In what capacity? Whilst in olely chering 2. If you are suffering from any disease, wound, or injury, state what it is, the date upon which it started, and the communerat of what, in your opinion, was the cause of it. an advances. I was that (If more space is required a sheet of foolscap should be used, and firmly attached to this form.) in the lift foot. A a machine gun bullet which maches mis unfel and cannot fual strong

| 3. | Give the names of any hospitals where you have been treated for the above disease, wound or injury during the present war. | Basom Lodge Host 60 |
|-------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------|
| 4. | Did you suffer from the disease or injury mentioned in above answer to Question 2 or anything like it, before joining the Army? If so, give details and dates. | 920 |
| 5. | Give the names (and addresses if you know them) of any hospitals you were in or doctors who attended you before you joined the Army. | 920 |
| -6 . | Give the name of your National Health Approved Society, and (if possible) your Membership Number. | |
| 7. | What is the name and address of your last, employer before joining the Army? | |
| 8. | (a) What was your occupation before joining the Army? (b) What was your trade before joining the Army? (To be checked by A.F.B.64 or A.F.B.103.) | Lisherman - |
| D | The above statement has been read ation. Has chapter to the statement has been read ation. Has chapter to the statement has been read at the statement has | d over to me; I agree to it, and have nothing further to add. Signed (Soldier) Hozel Lowlow Signed Dellevels Witness. |

MEDICAL REPORT ON AN INVALID.

Note.—This Form is only applicable to men discharged from Hospitals; and when filled in is to be attached to A.F. 3972A and forwarded to the Controller, Ministry of Pensions, Burron Court, King's Road, London, S.W. 3.

| Na | (Surnave) (Christian Names) Regil. N | 103 7.31 Rank V. Unit and Corps |
|--------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1. | State the nature of the disability or disabilities from which this man is suffering | g.s.w. Fort |
| 2. | What is the present condition of such disability or disabilities? | |
| 3. | If discharge is recommended it should be stated whether further medical treatment (including orthopædic treatment) is desirable in a:— (a) Sanatorium or other institution for tuberculosis | NOTE—Treatment shall only be recommended for the disability for which the man was discharged from the Kary or Army or Air Fonce during the prescut war. Provided that of the invaliding disability has been held to be like to or aggravated by service in the present war. Irreatment war be recommended for an incapacity medically certified as in consequence of that disability. |
| 4. | With reference to Army Council Instructions, is any surgical appliance recommended? | |
| 5. | Is the invalid willing to accept the offer of treatment or not? If not, state the reason given for the refusal, and say whether you consider the refusal reasonable | |
| | Signature | |
| | Station` | Membe's. |
| | Approved. Station Date | Officer in charge, Central Hospital. |

| Army Fo | rm B. 103. | | Regim | ental Nu | mber J / 3/ |
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| | | Casualty Form-Active | | - | -6 |
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| Rank | . Surname | | stian Name | 19/00 | W. 23. |
| Religion | Property of the Committee of the Committ | Age on Enli | | System. | 7916 months |
| A THE STREET STREET, S | | erms of Service (a) . Duration. | | Control of the Real Control | 40 5-17 |
| Date of p | romotion to present | rank Date of ap | pointment to land | e rank | Allenkinnin |
| Extended | , {) | Qua | lification (b) | | |
| Extended | 1 | Re engaged or C | orps Trade and | Rate. | ha |
| Occupation | on Fish | J 6/1 | 1 m | Sig | nature of Officer. |
| | Report | | | 1 | Remarks |
| | | Record of promotions, reductions, transfers, casualties, &c., during active service, as reported on Army Form Bass, Army Form A. 36, or in other official documents. The authority to be quoted in each case. | Place of Casualty | Date of Casualty | Taken from Army Form B.213, Army Form A.36, or other official |
| Date | From whom received | The authority to be quoted in each case. | | | documents |
| | 1 | Embarked | 3 FEB 19 | 18 | |
| | | | 6 FEB 19 | 118 | |
| | Wounded in Action | Disembarked | AF FIRM | g - | |
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| | | V To Ne. 1 | Infantry Section | | |
| | | | Bolletig. dan Loncie | | |
| | | | | 25,56 | |
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⁽a) In the case of a man who has re-engaged for, or culisted into Section D. Army Reserve, particulars of such re-engagement or enlistment will be entered.

⁽b) Signaller, Shoeing-Smith, &c.

[P.T.O.

Descriptive Return of a Soldier medically boarded before Discharge or Transfer to the Reserve.

INSTRUCTIONS.—Parts A. and D. of this Army Form are to be completed for every soldier prior to his being medically boarded with a view to discharge or transfer to Class W., W.(T), P., or P.(T), of the Reserve, as follows:—

(a) By the O.C. unit prior to the soldier being sent to the Discharge Centre.

(b) By the Officer i/c Central Hospital, when the soldier is a patient in hospital, prior to his being brought before an Invaliding Board.

It is most important that all particulars should be correctly filled in, and that the soldier should be given a full opportunity of examining the Army Form before he signs the Certificate below, as, if awarded a pension, his subsequent identification may depend on the correctness of these entries. The "rank," "station," and "date" following the soldier's signature are to be in his own handwriting.

This Army Form is to be forwarded with the proceedings of the Medical Board to the Officer i/c Records, and Parts B. and C. completed by that officer before forwarding the Form with the remainder of the soldier's documents, to the Controller, Ministry of Pensions, Burton Court, King's Road, London S.W.3.

| PART | Soldier's Name Lowlow Horry | | |
|----------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------|---------|
| 70.00 | (Surname) 1 1 (Christian names in full) | 610311 | |
| A. | Unit from which discharged B. N. T. L. D | And the second | 77 |
| 31 | Regimental Number 3 731 Rank on discharge PMs Age on discharge | ze / 4 | 7 |
| Te i | Married, widower with children, or single Jung 18 | . ापस्⊈ | |
| 244 | Occupation before enlistment fisherman | 1/1/2/2007 | |
| lied in | Special qualifications (if any) for employment in civil life | | |
| to be f | Nature and locality of employment desired | | |
| W. Me3B are | Full postal address to which \ Description on discharge \ Lumity J B M. FLb Name of Approved Society (if any) | navel' k | |
| DART | Regiment Years Days All service abroad, with Stations | Nears | Days |
| B. | Period of service, and in what Corps Reyel 240 South Africa | 1 | 90 |
| 30 | Disallowed Jenes | 4 | 2 |
| C. a.r | Service towards pension | dr. | |
| ed by the O | Descriptions parts King's R guldinus Suite out | | |
| Par | Number of G.C. badges medals | | |
| PART | Wounds and actions in which received by sw. footbaft armorte | is | |
| C. | Tidu it | do gue | Will. |
| (n) | he was selected and the restriction controllers but and for the first of the selection of | 7-17 | 207 |
| PART | Where born (parish, town and county), and date Junity, 7.18 26 may | 18 | 99 |
| D. | Colour of hair on discharge Black Colour of eyes Dawer Complexion | au | |
| | Christian name of father Wichard | | - |
| | Christian name of mother Elization | | as Hein |
| | NOTE.—Army Forms D. 400 and W. 3463a and B are assued in sets in pad form for use with carbon paper in cases where the se in hospital. Army Forms D. 400 and W. 3463a are similarly issued in sets for use in cases where the soldier is not a patient is Statements on Parts A. and D. of Army Form D. 400 and on Part A. of Army Forms W. 3463a and B are to be completed hospital before a soldier is brought before an Invaliding Board. The Statements on Parts A. and D. of Army Form D. 40 of Army Form W. 3463a are to be completed by the C.C. unit defore the despatch of a soldier to the Discharge Centre. | in hospital by the Off | . The |

| To Wife's meiden name in full behand vilsoib | of a Soldier me | Descriptive Relayer |
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| Date and place of marriage | Transfer to | |
| where the desirate Park or a portain desire a that ways with a partial of | of all the areal people in 1990. | LINSTRUCTIONS VERY |
| Christian names of children and dates of birth | Jahren Control of the property | the wines had so well street creativents. |
| ate of Personal Training Committee on the Manager of South | follows the guide of the day | s between most care A year paid? - de- |
| Date and place of 1st enlistment Mann | 8 Homay | 1917 |
| Figure on discharge | | That Solding the Solding Lines |
| Descriptive and other distinguishing marks | A. A. Show | A. U at thought will all A |
| Parts A. and D. above are, to the best of my know (Signature in full) 3731 De Hagar. Station Hanley Januar. | owledge correct. | thing continue to the second s |
| I certify that the above-named soldier signed | Annexes the contract of the co | |
| and the second s | d the longong doub | (Rank) |
| 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1 | O.C. uni | t or Officer i/c Hospital. |
| THE CONTROLLER, | fanch) și | Shari to so to so to |
| MINISTRY OF PENSIONS, | THE RESERVE TO THE RE | 1040 |
| BURTON COURT, | of 🐫 victorial de mi | B Project of Serving Land |
| King's Road. | 2/27.7 | and the said |
| London, S.W.3. | | |
| | | 1 3. A. S. Jowellskin II. |
| The soldier named overleaf was | | Milenay - Lanwol - rvand go. |
| Discharged under para. | King's Regulations | Strike out whichever |
| Transferred to Class * of the Military character | 기 본 문항 경기에 가장 없는 사람들이 살려왔다면 살아 있다. 이 경험 방송 등이 | inapplicable. He for the property of the prop |
| I certify that the details of service overland knowledge, correct. | Francis Strang Charles | ulars are, to the best of my |
| | | Officer i/c Records. |
| Station | | Woulde min a depth 🧈 |
| Date 1914 or to the second | The state of the s | Charles A man of the contract part of the contract of the cont |
| THE REPORT OF THE PARTY OF THE | | |

Army Form D 400.

Report to the Local Committees of the War Pensions Committee on Soldiers Discharged.

(a) From Central Hospitals or Discharge Centres, as no longer physically fit for war service, under para. 392 (xvi.), King's Regulations.

(b) From Discharge Centres, as surplus to military requirements (having suffered impairment since entry into the Service) under para. 392 (xvi.a), King's Regulations.

To be sent by the Officer i/c Records, within 24 hours of the receipt of the soldier's discharge documents, to the Local Committee of the Area in which the man intends to reside.

| PART | Soldier's Name Franke Hazel |
|-------------|------------------------------------------------------------------|
| A. | (Surname) (Christian names in full) |
| | Unit from which discharged R. N. FLD |
| | Regimental Number 373/ Rank on discharge Pla Age on discharge 19 |
| | Married, widower with children, or single |
| 1 7 9 | Occupation before enlistment Fishing |
| | Special qualifications (if any) for employment in civil life |
| | Nature and locality of employment desired |
| | Full postal address to which { Junity J.B N FIB |
| | Name of Approved Society (if any) |
| В. | Nature of medical unfitness & S W. Foot |
| the Officer | Service with Colours / years 2 40 days, of which / years |
| Pe | do days were served abroad during the present war. |
| r de | Military character Mood |
| Red | |
| old o | |
| 8 | Date of discharge 1971-18 191 |
| e p | Station Itaribasevan |
| å | Date 19 411 118 Officer i/c Records |
| | 100 |

NOTE 1.—Part B. of this Army Form and Army Form W. 3463s can be completed at the same time by the use of carbon paper.

NOTE 2.—Part A of this Army Form is to be completed by the O.C. unit in all cases of soldiers sent to a Discharge Centre with a view to discharge or transfer to the Reserve, as it will not be known until a soldier is medically boarded whether he may not be discharged under Para. 392 (xvl.) or (xvl.a), King's Regulations.

| | | S | CHT AT | ENT (| OF ACCOUNT | | | | | |
|-------------------------------------------------------------------------------------------------------|----------|-----|--------|-------|--------------------------------------------------------------------------------------------------------------------------|---------|-------|------|----------|---------|
| PARTICULARS | | e E | | | | | | | | C |
| Balance Dr. from Allotment 19 days @ 669 Cash Payments: 14 Pay 22d Other Debits: B. Danages Mis Hopp. | | | 12 6 | 6. 7. | PARTICULARS Balance Cr. from Pay /9 days @ \$ /00 Field Allce /9 days @ \$ /00 Other Allces days @ \$ Other Oredits: | 19/1/20 | 90 | £ 4 | s الم | / |
| Mis Slopp. Total Debits Balance due by Paymaster | | 4 | 5 | 65. | Total Credits Balance due to Paymaster | | | 4 | 5 | |
| e carefully examined this S | tatement | | coun | t and | find it to be a correct extract fr | om th | ie Pa | у Во | ok c | of B |

April 3rd.,1919

#3751 Pte. Hazael Fowlow.

Tri nity East, T.B.

Deer Sir: -

Referring to your application I enclose chaque for Seventy dollars (\$70.00), being amount of first payment sue you on account of the "ear service Gratuity."

fours truly.

Paymestor & .i/c Records

DEPARTEME OF HILITIA.



WAR SERVICE GRATUITY.

St. John's, Newfoundland.

Declaration required of Officers and men of the Royal Hermoundland Regiment, who claims War Service Gratuity under Order-in-Council dated January 28th.1919.

A complete reply must be given to every question in this Declaration There must be no blocks and no dashed. If any quastion are not applicable, the words "FOT APPLICABLE" must be written out. On completion this Declaration is to be returned to THE OFFICER I/C RECORDS, PAY & RECORD OFFICE, ST. WOHL'S. Christian n me. Hozard 2. Surname 4. Regtl . No. . 3.7.3..... 5. Address in full to which future payments of gratuity are to fur be sorwarded. Trinty Gast trinty to ay 6. Date of enlistment in the Regiment. April. 4th 19/12. 7. Hene of dependent, if any, to whom Separation Allowance is being issued or was being issued, inmediately prior to your discharge...... ... Woh .. capplicat 8. Relationship of such dependents. Wol. applica 10. Is said dependent, now, or was said dependent at my time in receipt of Separation Allowance on account of mother soldier? Mod applicable 11. Were you on active service only in Hild. If so give dates, and miticulars of such service. not apple ab

| 13, Have you had more than one enlistment? If so, give particulars of |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| discharge and re-emlistments, and under what regimental numbers |
| not applicable |
| |
| · |
| 14. Have you already received any payment of Post Discharge pay or War Service Gratuity? If so, state amount you and your dependents have already received and by whom paid |
| |
| |
| 15. Have you been issued with a War Service Bodge? . Col. |
| 16. Have you, during the present war, served in the Imperial Porces w. |
| 17. Are you entitled to receive, or have you received any Gratuity in |
| the nature of Post Bischerge Pay from the Imperial Forces? If so, |
| state amount received, or to which you are entitled ? applicable |
| |
| 18. Did you revert Overseas to a rank lover, than the substantive rank |
| held by you on your arrival in ingland? |
| (b). If so, was such reversion in consequence of misconduct or in- |
| efficiency? not applicable |
| 19. Are you now serving in the Regt.? M.D If not give :- (a) Date |
| of discharge . Feb. 28 1.919 (b) Reason for discharge discharge |
| , |
| |
| 20. Did you at any time serve at the front in an actual theatre of |
| War? If so give particulars of places, and dates of such service |
| 15 april 1918 Wounded at aimentions |
| 21.(a) Are you receiving treatment from the Civil Re-Establishment Com. |
| (b). If \$6/, are you in receipt of full pay and ellowences from that |
| General tree. (A). No. (b). No. |
| And I make this selemm declaration conscientionally believing it to be true, and knowing that it is of the same force and effect as if made under bath. |

- D (90 2) - 5 4.6

Signature of Applicant: Hagard Fowlow

Place of Residence: Limity Gast

Declared before me at: Junity Gast

This Junity Gast

Signature of Berricer of the Supreme Court, Streether the Supreme Court, Streether the Trate, Notery Public, Justice of the Peace, or Commissioner of affidavits.

Post Discharge Pay.

Date paid Paid Paid Dependent Gratuity Aug.

Certified Correct.

War Service Net mount due

Cartified Correct.

Prynester.

Nº 3466



1st. NEWFOUNDLAND REGIMENT

ALLOTMENTS

| nity East |
|---------------------|
| nity East |
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| |
| |
| Total Allotment, \$ |
| ¥ |

Royal Newfoundland Regiment.

| To M. J. Jem | mton |
|--------------------------------------------------------------------------|------|
| Billeting Soldiers as undermentioned from Feb 21 st /19 to Feb 28 th /19 | |
| 3731 /k. H. Fowlow | 7 20 |
| Certified correct for \$ 7. Lo Solefon A Lucy 19-1 Billeting Officer. | |

Trinity Gast A. May 2 md 3731 Captain Howley Dear Sir fust a few lines to let you know that & havent received any discharge Body I applied for it about 2 weeks ago and have to no answer get has you know Imfunfit for active Service and I taught it would be right to get one my discharge namber les 1298. remain yours Truly Hazael Fowlow

RECEIPTA

FOR ISSUE OF BRITISH WAR MEDAL 1914-1919.

I certify that I have received an issue of 2 inches of Riband of British Wat Medal-1914-1919.

Namo. Hazarl Towlow

Date 18/11/19
Place Trinty Goost

3731

RECEIPT.

FOR ISSUE OF RIBAND OF VICTORY MEDAL 1914-1919.

I certify that I have received an issue of 2 inches of Riband od Victory Modal 1914-1919.

NO. 3.731 NAME Hozael Lowlow

DATE 12/1/20
PLACE Frinity Gost



Fold Here

ON HIS MAJESTY'S SERVICE

To the Officer in Charge of Records,

Dept of Militie;

Fold Here

Wt.W14770/G9118 500M 2/17 Cas Forms/W3553/1. Army Form W3553

July 8th.1921 1917.

The accompanying King's Certificate, on his discharge, (No.____1264 __), is forwarded herewith to Hazel Fowlow. in respect of his service as No. 3731 Rank Prts. Name_Hazel Fowlow, ___Corps_Royalnfld Regt, Receipt of the same should be acknowledged hereon. Discharge Certificate Signature Hayel Towlow Hof.
Date July 16 # 1921

Address Junity East

Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

| Forms R 121. | | | | Regiment of_ | | udland. | | | hask lives |
|--------------|----------------------------|-----------|--------------------------------|---------------------------------------------------|---------------------------------------------------------------|------------------------------|-------------------------------------------------------------|-----------------|------------|
| No. | Jowlor Date Date Date Date | o. Ha | zel. | Place and Date St form's of Enlistment H-5-17 | Trade Fisher man Religion C. of. 6. Place d Birth | Good Conduct Badges, Service | pay or pro | oficiency pay | |
| . Place | Date of Offence | Rank | Cases of Drunk- eness | OFFENCE | Names of Witnesses | Punishment awarded | Date of award or of order dispensing with trial | By whom awarded | REMARKS. |
| Barry | 19-9-17 | Ple | a | Failing to complex | Gurge. | 7 Days 6. B. | 19.91) | Capt. Fox | TAR. |
| | | | | | | | | | |
| | | | a | Demoderned He | 26. | 4 19 | | | |
| | | | | 8 9/ | , | | | | Arn |
| | | | | | * | | | | y Form |
| | | | | | | | | | B. 121. |
| 3.40 | | | | To be carried over | | | | | |
| | | en (ment) | | AV AC CHIEBU OVER | | | | • 9m | |

| - 17 17 Mr December 10 mile Alle Mille II | The | Royal | Newfoundland | Regimen |
|-------------------------------------------|-----|-------|--------------|---------|
|-------------------------------------------|-----|-------|--------------|---------|

| DEMOBILIZATION O |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Reg. No. 3731 Rank Ate Name Lowland Stagely |
| Date of Enlistment 4.5.17 Address landy East District |
| Occupation . Tusher |
| Recommendation S.M.B. Altrafly wifit Disability Rating 2070 |
| Passed to Demobilization Officer with following documents:— |
| THE VALUE OF THE PARTY OF THE P |
| N.F. P 36 B 268 B 121 N.F. Med D.F. 1 3446.3! |
| B 178 W 3494 B 122 Board 1st " 2 |
| B 178a |
| B 179 |
| B 179a D 400C Form K do 4th " 5 |
| B 179c |
| |
| Loseph A mint wit |
| Date |
| |
| PARTICULARS FOR DEMOBILIZATION |
| I. Civil Re-Establishment. |
| I am. Mo. in a position to resume civilian occupation. |
| |
| 4 For low |
| + Joulow |
| Particulars passed to Vocational Officer for information and action. |
| ou gir |
| Date 24-2-19 folish A. Low feel |
| 2. Clothing & Lab. H. 7 |
| Certified that Clothing Regulations have been complied with: |
| (a) Clothing Allowance payable # 60.00 |
| |
| (b) Clething Supplied . J. Lafon A. Martine |
| 28-2-10 |
| Date. 4 O ilc. Re-clothing. |

| 3. Transportation and Release Certificate. | 01 |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------|
| The above named has been provided with Travelling V | Varrant No to his hon |
| at . 2 unity tast and Release Certificate | No. 1288 issued |
| the second secon | Dist 1 a. |
| Date 128-2-19 | STODUKO Call |
| | Demobilization Officer |
| | |
| . Pay and Allowances. | er e |
| The herein named soldier's accounts have been correct | tly balanced and all matters in connecti |
| therewith settled. He has received pay and allowances to | 4 |
| Date $28 - 2 - 19$ | H Mews Har |
| SUBJECT TO ADJUSTMENT OF OVERSEAS PAY ACCT. | Depot Paymaster. |
| 10 2 16 | |
| Discharge approved for | |
| Forwarded with following documents to O.C Discharge | Depot. |
| N.F. P 36. | D.F. 1 |
| 5 178 | |
| 3 178a D 400A | - Day V |
| 3 179 D 400B Form L do 3rd. | |
| 3 179a D 400C Form K do 4th. | " 5 |
| 3 179b. / B 103 / ME 2 3.446 | 3. /. " 6. |
| 3 179c | |
| | |
| 28 · 2 · 19 | List upo Call |
| Date | Demobilization Officer. |
| | |
| PPROVED. | |
| Documents as above forwarded to:— | |
| Officer i c Records. Board of Pension Commissioners. | |
| with following additional documents. | |
| | |
| | |
| FEB 28 1919 — | DIM |
| Date | Mit aft. |
| | O. C. Discharge Depot. |
| Pageigned the above posted downward (O. C. D | 40 May 10 Ma |
| Received the above noted documents from O. C. Discharge Depot. | 6-0-3 |
| 1 | of awolf words |
| Date March 5/1919 | Dowo placovas |
| | |

April 21st, 1919

From Pay Sergeant, Discharge Depot

To 3731 Pte. H. Follow Trinity East

Enalosed please find cheque for \$25.00, which was short paid you on your demobilization cheque of Feb. 28th, 1919.

Sergeant

The Royal Newfoundland Regiment

| | CIVILIAN RE-ESTABLISHMENT ON DEMOBILIZATION | |
|------------|----------------------------------------------------------------------------------------------------|---|
| No 3. | 31 Rank Private Name Towlow St. | |
| Former 6 | 31. Rank Private Name Towlow It | |
| Class | | |
| O.C. Disch | rge Depot. | |
| | Above noted man states he has no employment in prospect on his discharge. His personal wis | h |
| | is to obtain a position as | e |
| | been referred this day to the Vocational Officer for action, and his discharge is therefore held i | n |
| | abeyance. | |
| Date | -4-2-19 conf | 6 |
| To be fowa | ded Orderly Demobilization Officer | |
| | commandation | |
| | | |

To be rendered for all ranks on discharge, transfer to other Units, or on return to Newfoundland in accordance with C.L./19, 26/5/17. Unit R. Newfoundland Regt who was repatriated Regtl No. 3731 Rank Private Name Fowlow Newfoundland on 12/12/18 Authority Cause STATEMENT OF ACCOUNT DR. PARTICULARS PARTICULARS Balance Dr. from Balance Cr. from Allotment 19 days @ 11 40 Pay 19 days @ \$1.00 60¢ 11 00 Cash Payments: Field Allce 19 days @ \$.10 90 90 5 11 1st Pay 12 2nd Other Allces days @ 2 Other Debits: Other Credits: Barrack Damages Misc. Stoppages Potal Debits Total Credits 11 5 11 Balance due by Paymaste: * Balance due to Paymaster I have carefully examined this Statement of Account and find it to be a correct extract from the Pay Book of "F" Combany Winchester December 11th, 1918 (Signed) J. Nunns, Captain. (Place O.C. F Company. Made up/Checked in accordance with information received in the Pay & Record Office _ and is therefore subject to amendment if and as may be found necessary. Pay & Record Office, London, Chief Paymaster & Officer i/c Records.

NEWFOUNDLAND POSTAL TELEGRAPHS

| | • | No. JULICO |
|---------------------------------|--------------------------------------------------------------|-------------------|
| Received | m. By | - Rosalin Marking |
| Sent out for delivery No. Place | m. By from Frinity Rock from Junity No. of Words Stophino | JAN 4 1919 |
| | Capt. B. B. | etler |
| | Syonno | |
| Park | un blooming | 4 |
| three ! | you please gradays extension | n of leave |
| | 3-131 Pt OL | 7 |
| | 3731 Pte. 04 | Towlow. |
| | My. | |
| | | 5 |
| Le | in Granted Jan 4:1 | 1,19 |
| ai | the Gented Jan 4:7 | |
| | JAZ / | |
| | | |
| | | |

| Reg. No. 3731 Rank Li Name. Yowlor H. Attested Address rinky East | |
|--------------------------------------------------------------------|-------|
| Attested Address Linky East | |
| Allotment | |
| Date of Allotment | |
| Date of Allotment | |
| | |
| 9. Lave Jrom 21-12-18 to 61-19 | |
| | ••••• |
| 10-1-19. fre- Dis-Dermanently lingit- | |
| 11-1-9 PASSED TO DEMOBILIZATION OFFICER | |
| | |
| 28.2.19. DISCHARGE APPROVED ON DEMOBILISATION. | |
| | ***** |
| | |